



Michael J. Koehler, Esquire
Nicholas, Perot, Smith, Koehler & Wall
2527 West 26th Street
Erie, Pennsylvania 16506

RE: Ryan Ford
SSN: 202-76-3864
DOB: 2/11/97
Date of Injury: 1/18/03

March 28, 2006

Dear Mr. Koehler:

This letter is in response to your request for a narrative report regarding the treatment of Ryan Ford. Please note that Ryan was initially admitted and evaluated by my colleague, Dr. Timothy Kane and cared for by the Pediatric Trauma Service at Children's Hospital of Pittsburgh (CHP). I personally saw Ryan back in follow-up in the Trauma Clinic.

A. Description of injury: Ryan Ford was a then 5 year-old-boy on January 18, 2003 who was reportedly found with his head trapped in the crossbar in the seat of a folding exercise bike. It is unclear how long he remained in this position but when he was found he was reportedly not breathing and cyanotic. He was taken to Hamot Medical Center in Erie where he was reportedly combative and crying. He was therefore sedated so that a CT scan could be obtained. The treating physician at Hamot contacted CHP for transfer of care. He underwent rapid sequence intubation at Hamot prior to transfer for airway protection as he had vomited while sedated. He was then transferred to CHP by Life Star.

B. Patient complaints, physical exam findings, and diagnostic testing: Upon arrival at CHP, Ryan was intubated, chemically paralyzed and sedated. He was immobilized in a cervical collar. His initial Glasgow Coma Scale was 3T, and improved to 9T while in CT scan. Initial vital signs included a temperature of 37.1 Celsius, heart rate of 97, respiratory rate of 20 (intubated), and blood pressure of 106/64. Physical examination revealed petechiae around the eyes and abrasions/contusion over the anterior chest. He was seen in consultation by neurosurgery who noted that he was chemically paralyzed and that his pupils were 3→2 with a brisk response to light bilaterally. He was noted to have intermittent muscle twitches bilaterally. Laboratory studies were within normal limits except for



an elevated CPK. His CT scan from Hamot was reviewed and found to have no evidence of intracranial hemorrhage or evidence of skull fracture. On February 10, 2003, he underwent plain films of his cervical spine, chest, and pelvis which were negative. He also had a CT scan of his chest/abdomen/pelvis which identified no injuries.

C. Diagnosis: probable ischemic brain injury

D. Causation, within a reasonable degree of medical certainty, to the exercise bike incident: I have no reason to doubt the reported mechanism of injury.

E. Treatment: Ryan was admitted to the Pediatric Intensive Care Unit at CHP for further evaluation and monitoring. He was successfully extubated on post-trauma day # 1. Radiographs of his thoracolumbar spine were normal. He was transferred to the regular nursing floor where he started on an oral diet.

I saw Ryan twice in follow-up in the Trauma Clinic. On February 7, 2003 his mother reported that he was experiencing some nightmares, fatigue, and exercise intolerance. I recommended a gradual return to school and re-evaluation in two months. I saw Ryan again on May 17, 2003. At this point he was still experiencing nightmares and fatigue, and his mother had noted some balance problems. His mother reported that he was receiving speech therapy and that he was scheduled to be evaluated by a psychologist at the Shriner's Hospital in Erie for his nightmares. I recommended evaluation by the Center for Post-traumatic Stress at Allegheny General Hospital as well as full neuropsychological evaluation. I have not seen Ryan again since that visit.

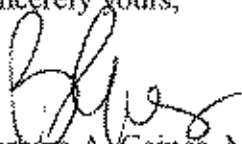
F. Describe the degree of pain and discomfort associated with diagnosed medical condition(s) including intensity of pain, frequency of pain, and degree of severity. In the hospital, the nurses documented mild pain in the Emergency Department, no pain to moderate pain in the PICU, and no pain on the regular nursing floor. I did not note that Ryan was experiencing any pain when I evaluated him as an outpatient in the Trauma Clinic.

G. Prognosis: As I have not evaluated Ryan since May 17, 2003 I am unable to provide a prognosis.

H. Approximate cost of projected future medical treatment in today's dollars: As I have not evaluated Ryan since May 17, 2003 and am unaware of his current condition and/or deficits, I am unable to project the approximate cost of future medical treatment.

Should you require additional information or clarification, please contact
directly at 412-692-8288. Case 1:05-cv-00054-SJM Document 22-2 Filed 08/31/15

Sincerely yours,

A handwritten signature in black ink, appearing to read 'B. Gaines', with a large loop at the end.

Barbara A. Gaines, MD